

215047719
70241

State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

2	Total Number of Vehicles	Local No./ District 164	Agency Case No. B5-107387	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1							
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y 11/17/2015		S M T W TH F S <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (In Military Time)		STATE USE ONLY							
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	TIME OF ACCIDENT 1755	POLICE NOTIFIED 1801	11/17/2015							
B	45	ROAD ON WHICH ACCIDENT OCCURRED		STREET/ HIGHWAY NO. PINE LAKE - HELEN WITT/27TH	ONE-WAY STREET? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE							
C	4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE							
D	1	IF AT INTERSECTION		IF NOT AT INTERSECTION									
V1/M	05	NAME OF INTERSECTING ROADWAY					140.00						
V2/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN											
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO							
F	2	VEHICLE NO. 1											
V1/N	1	DRIVER LICENSE NO.	H13725145	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE							
V2/N	1	DRIVER	BRIANNA M OEHM	PHONE	4028179455	LOCAL NO.							
G	4	DRIVER ADDRESS	2847 BRUMMOND DR, LINCOLN, NE 68516	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	02/05/1999							
H	2	OWNER	SCOTT M OEHM (9-6-70)	PHONE	UNKNOWN	LOCAL NO.							
V1/O	1	OWNER ADDRESS	2847 BRUMMOND DR, NE 68516	CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.							
V2/O	1	LICENSE PLATE	PA NO. TLY012	YEAR (Plate Expires)	2016	STATE (Of Plate) NE							
I	2	VEHICLE	2004	MAKE	Chevrolet	MODEL	CAVALIER	BODY STYLE	2 door Sedan	COLOR	blue	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 0
J	03	VEHICLE ID NO. (VIN)	1G1JH12F747148253	INSURANCE COMPANY	GEICO	POLICY NO.	4278622826						
K	01	VEHICLE NO. 2											
V1/P	1	DRIVER LICENSE NO.	H13705071	STATE (Of License)	NE	SEX <input checked="" type="radio"/> FEMALE <input type="radio"/> MALE							
V2/P	1	DRIVER	MORGAN V MCKINSEY	PHONE	4024993054	LOCAL NO.							
V1/Q	4	DRIVER ADDRESS	4724 BIRCH HOLLOW DR, LINCOLN, NE 68516	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	03/02/1999	LOCAL NO.						
V2/Q	4	OWNER	RICHARD G MCKINSEY (8-27-69)	PHONE	UNKNOWN	LOCAL NO.							
V1/R	03	OWNER ADDRESS	4724 BIRCH HOLLOW DR, LINCOLN, NE 68516	CITY, STATE, ZIP	CITATION <input type="radio"/> PENDING <input checked="" type="radio"/> YES <input type="radio"/> NO	CITATION NO.							
V2/R	01	LICENSE PLATE	PA NO. SSY826	YEAR (Plate Expires)	2016	STATE (Of Plate) NE							
V1/S	4	VEHICLE	2004	MAKE	Pontiac	MODEL	GRAND PRIX	BODY STYLE	4 door Sedan	COLOR	white	ESTIMATED DAMAGE	<input type="radio"/> TOALED \$ 0
V2/S	01	VEHICLE ID NO. (VIN)	2G2WS522541301524	INSURANCE COMPANY	STATE FARM	POLICY NO.	2108219B3127K						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)													
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX				
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.									
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX				
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.									
VEH. #	NAME	ADDRESS	DATE OF BIRTH (MM / DD / YYYY)	1	2	3	4	5	SEX				
	LOCAL NO.	MEDICAL FACILITY NAME	EMS SERVICE NAME	EMS RUN REPORT NO.									

THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS

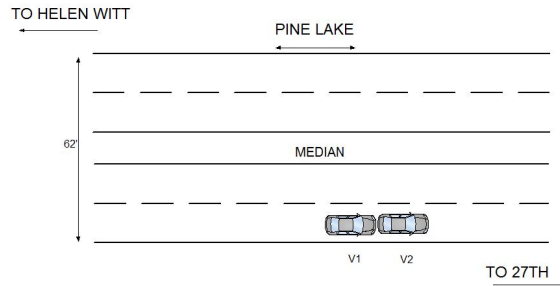
INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.
B5-107387



Indicate
North
by Arrow

POI - APPX 140' W OF E CURB OF 27TH.
APPX 12' N OF S CURB OF PINE LAKE.



Not To Scale

DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

DRIVER OF VEH 1 SAID SHE WAS EB ON PINE LAKE IN THE OUTSIDE LANE. D1 SAID TRAFFIC SUDDENLY STOPPED. D1 SAID SHE TRIED TO BRAKE BUT SLID ON THE WET PAVEMENT AND STRUCK VEH 2. DRIVER OF VEH 2 SAID SHE WAS STOPPED IN TRAFFIC WHEN SHE WAS COLLIDED WITH FROM BEHIND. NEITHER VEH HAD ANY VISIBLE DAMAGE OF ANY KIND.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME				PHONE
	NAME				PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA <i>(Enter numbers for each vehicle)</i>				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	1	
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME													
1			X		PINE LAKE													
2			X		PINE LAKE													
1	01				VEHICLE 1		VEHICLE 2											
2	11				VEHICLE 1		VEHICLE 2											
				POINT OF IMPACT		01		POINT OF IMPACT		05								
				MOST DAMAGED AREA		00		MOST DAMAGED AREA		00								
				00 None		02		03		04								
				09 Top & windows		01		05										
				10 Undercarriage		08		07		06								
				11 Total (all areas)														
				12 Other														
				01 Essentially straight ahead														
				02 Backing														
				03 Changing lanes														
				04 Overtaking/Passing														
				05 Turning right														
				06 Turning left														
				07 Making U-turn														
				08 Entering traffic lane														
				09 Leaving traffic lane														
				10 Parked														
				11 Slowing or stopped in traffic														
				12 Other														
				13 Unknown														

OFFICER NO. 830	TROOP/TEAM/BEAT 4	DEPARTMENT Lincoln Police Department	Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
INVESTIGATOR NAME <i>(Print or Type)</i> Greg Cody		INVESTIGATOR SIGNATURE Approved by Officer Greg Cody	DATE OF REPORT 11/17/2015